

US Decisions Inc.

An Independent Review Organization
9600 Great Hills Trail Ste 150 W
Austin, TX 78759
Phone: (512) 782-4560
Fax: (207) 470-1085
Email: manager@us-decisions.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Dec/05/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Outpt Bilateral L4-5 & L5-S1 Rhizotomy

DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:

M.D., Board Certified Anesthesiology/Pain Management

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Official Disability Guidelines

Utilization review determination dated 09/28/11

Utilization review determination dated 10/18/11

Surgery scheduling form dated 09/21/11

Clinical records Dr. dated 11/08/11, 09/20/11, 08/30/11, 02/27/09, 01/26/09, and 12/16/08

Procedure report bilateral L3, L4, L5 medial branch radiofrequency rhizotomy 02/13/09

Procedure report bilateral facet medial branch blocks at L4-5 and L5-S1 dated 01/19/11

MRI lumbar spine dated 04/19/05

Treatment records D.C. various dates

Procedure report radiofrequency medial branch rhizolysis dated 11/15/06

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a male who is reported to have sustained work related injuries while working in. He had facet blocks in 2006 and later had rhizotomy with excellent relief, but pain returned in 2007. He had confirmatory medial branch blocks and again followed by rhizotomy in 01/03. He is noted to be pain free through 11/08. Records indicate Dr. saw the claimant. He underwent bilateral facet medial nerve blocks on 01/19/09 with repeat rhizotomy performed on 02/13/09. A clinic note dated 08/30/11 indicates the claimant was last seen when he had rhizotomy at L4-5 and L5-S1 and has done very well. He has been managing well until about 3 weeks ago he had reactivation of low back pain without obvious injuries. He has tried topical modalities and stretching and is not on any medications. On physical examination he has restricted range of motion with some guarding from lumbar spine from sit to stand. He was provided oral medications. He was seen in follow-up on 09/20/11. He has been doing a home exercise program, stretches, and topical modalities with persistent symptoms. He had over 50% relief from previous rhizotomy. He ambulates with lumbar guarding. Straight leg raises are negative. He was recommended to undergo L4-5 rhizotomy.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDING CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION

This man has a longstanding history of facet-mediated pain clearly documented in the historical records. He has previously undergone medial branch blocks with subsequent improvement followed by radiofrequency rhizotomy with clearly greater than 50% relief, and the records indicate utilization of these treatments range from 9-12 months with each procedure. Clearly, the records establish this treatment is efficacious for the claimant. The reviewer finds there is a medical necessity for facet rhizotomy at L4-5 and L5-S1 bilaterally.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION

ACOEM-AMERICA COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE

AHCPR-AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES

DWC-DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES

EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN

INTERQUAL CRITERIA

MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

MILLIMAN CARE GUIDELINES

ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR

TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS

TEXAS TACADA GUIDELINES

TMF SCREENING CRITERIA MANUAL

PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)